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Inder the Papery		Attorne	by Docket No. 12-1027	6
	UTILITY		oventor or Application Identifier Dean Tran	v,
PAT	ENT APPLICATION		See 1 in Addendum	5
	TRANSMITTAL		ss Mail Label No. EF238909175US	7
Only for new no	onprovisional applications under 37 C.F R. § 1 53(b))	Express		<u>ئۇ</u>
A See MPEP cha	PPLICATION ELEMENTS apter 600 concerning utility patent application content	S.	Assistant Commissioner for Patents ADDRESS TO: Box Patent Application Washington, DC 20231	1
	ee Transmittal Form (e.g., PTO/SB/17)		5. Microfiche Computer Program (Appendix)	
	ubmit an original and a duplicate for fee processing)	一,	6. Nucleotide and/or Amino Acid Sequence Submission	
2. X Sp	ecification [Total Pages] eferred arrangement set forth below)		(if applicable, all necessary)	
	Descriptive title of the Invention		a. Computer Readable Copy	
	cross References to Related Applications		b. Paper Copy (identical to computer copy)	
I .	statement Regarding Fed sponsored R & D		c. Statement verifying identity of above copies	5
	Reference to Microfiche Appendix		ACCOMPANYING APPLICATION PARTS	
	Background of the Invention Brief Summary of the Invention			-
	Brief Description of the Drawings (if filed)		7. X Assignment Papers (cover sheet & document(s))	
•	Detailed Description		8. X 37 C.F.R.§3.73(b) Statement X Power of Attorney	
- C	Claim(s)		9. English Translation Document (if applicable)	
A	Abstract of the Disclosure		Information Disclosure Copies of IDS	
3. X Dr	awing(s) (35 U.S.C. 113) [Total Sheets 3	1	10. X Statement (IDS)/PTO-1449 X Citations	
4. Oath or l	Declaration [Total Pages 5	1	11. Preliminary Amendment	
a. [X Newly executed (original or copy)		12. Return Receipt Postcard (MPEP 503) (Should be specifically itemized)	
Ь. Г	Copy from a prior application (37 C.F.R. (for continuation/divisional with Box 16 comple	§ 1.63(d)		ation
". ∟	(for continuation/divisional with Box 16 comple	tea)	13. Statement(s) Status still proper and desire	
}	i. Signed statement attached dele	ting	Certified Copy of Priority Document(s)	
	inventor(s) named in the prior app	lication,	(If foreign priority is claimed)	
E-11075 500	see 37 C.F.R. §§ 1.63(d)(2) and 1 ITEMS 1 & 13 IN ORDER TO BE ENTITLED TO PAY SMAL		15. Other:	
FEEC A CHA	ALL ENTITY STATEMENTIS RECUIRED (37 C F.R. & 1.27).	EXCEPT II		
	ED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R.		in a preliminary amendment	
1	Continuation Divisional Continuation		upply the requisite information below and in a preliminary amendment: OIP) of prior application No:/	
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For CONTINU	LIATION OF DIVISIONAL ADDS only. The entire dis	closure o	of the prior application, from which an oath or declaration is supplic ing continuation or divisional application and is hereby incorporate	∤d ed bv
reference. T	b, is considered a part of the disclosure of the action of	portion h	has been inadvertently omitted from the submitted application parts	i.
	17. CORRES	PONDE	NCE ADDRESS	
			or X Correspondence address below	
Custor	mer Number or Bar Code Labe! (Insert Customer I	No or Attac	or X Correspondence address below ach bar code label here)	
Name	PATENT COUNSEL			
	TRW Inc.			•••
Address	S&E Law Dept.			
	One Space Park, Bldg. E2/6051		75.0.4. 00070	
City	Redolido Dedeli		CA Zip Code 90278	
Country	U.S.A. Teleph	one	310-812-4910 Fax 310-812-2687	$\overline{}$
Name	(Print/Type) Noel F. Heal		Registration No. (Attorney/Agent) 26,074	_]
Signatu	0/1.12/1	1	Date 6-27-01	
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Attachment to PTO/SB/05 (4/98) Utility Patent Application Transmittal

1. INTEGRATION OF AMORPHOROUS SILICON TRANSMIT AND RECEIVE STRUCTURES WITH GaAs or InP PROCESSED DEVICES





PTO/SB/17 (12/99)
Approved for use through 09/30/2000. OMB 0651-0032
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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FEE TRANSMITTAL for FY 2000

Patent fees are subject to annual revision.

Small Entity payments <u>must</u> be supported by a small entity statement, otherwise large entity fees must be paid. See Forms PTO/SB/09-12.

See 37 C.F.R. §§ 1.27 and 1.28.

TOTAL AMOUNT OF PAYMENT

(\$)1,346.00

Complete if Known						
Application Number						
Filing Date	June 28, 2001					
First Named Inventor	Dean Tran					
Examiner Name	Unassigned					
Group / Art Unit	N/A					
Attorney Docket No.	12-1027					

METHOD OF PAYMENT (check one)	FEE CALCULATION (continued)							
1 V The Commissioner is hereby authorized to charge	3. ADDITIONAL FEES							
1. X indicated fees and credit any overpayments to:	Large Fee	Entity Fee	Fee	I Entity Fee		escription		Fee Paid
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Account Name TRW Inc.	130	139 130 139 130 Non-English specification						0.00
Charge Any Additional Fee Required		2,520		2.520	For filing a reques	0.00		
Under 37 CFR §§ 1 16 and 1.17	112	920*		920*	Requesting public Examiner action	0.00		
2. Payment Enclosed: Check Money Other	113	1,840*	113	1,840*	-	0.00		
□ order □	115	110	215	55	Extension for reply	within first r	nonth	0.00
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1. BASIC FILING FEE	117	870	217	435	Extension for reply	0.00		
Large Entity Small Entity Fee Fee Fee Fee Description	118	1,360	218	680	Extension for repl	y within fourth	n month	0.00
Code (\$) Code (\$) Fee Paid	128	1,850	228	925	Extension for reply	y within fifth r	month	0.00
101 690 201 345 Utility filing fee 710.00	119	300	219	150	Notice of Appeal			0.00
106 310 206 155 Design filing fee	120	300	220	150	Filing a brief in su	pport of an a	ppeal	0.00
107 480 207 240 Plant filing fee	121	260	221	130	Request for oral h	nearing		0.00
108 690 208 345 Reissue filing fee	138	1,510	138	1,510	Petition to institute	•		0 00
114 150 214 75 Provisional filing fee	140	110	240	55	Petition to revive	- unavoidable	•	0.00
SUBTOTAL (1) (\$) 710.00	141	1,210	241	605	Petition to revive	- unintentiona	ai	0.00
2. EXTRA CLAIM FEES	142	1,210	242	605	Utility issue fee (o	r reissue)		0.00
Fee from Extra Claims <u>below</u> <u>Fee Paid</u>	143	430	243	215	Design issue fee			0.00
Total Claims 22 -20** = 2 X 18 = 36	144	580	244	290	Plant issue fee	0.00		
Independent 10 - 3** = 7 x 80 = 560	122	130	122		Petitions to the C			0.00
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**or number previously paid, if greater, For Reissues, see below	126	240	126	240	Submission of In	0.00		
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103 18 203 9 Claims in excess of 20	146	690	246	345	Filing a submission (37 CFR § 1.129		rejection	0.00
102 78 202 39 Independent claims in excess of 3 104 260 204 130 Multiple dependent claim, if not paid	149	690	249	345	For each addition	al invention t	o be	0.00
104 260 204 130 Multiple dependent claim, if not paid 109 78 209 39 ** Reissue independent claims					examined (37 CF	r 3 1.129(b))	0.00
over original patent	Other	fee (s	pecify					0.00
110 18 210 9 ** Reissue claims in excess of 20 and over original patent	Other fee (specify)							
SUBTOTAL (2) (\$) 596.00								0.00
SUBMITTED BY Comp								
Name (Print/Type) Noel F. Heal		Registration No. (Attorney/Agent) 26,074 Telephone 310-81				310-812	-4910	
Signature North A Men	/ '	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	- ,	- 7 L		Date	6/271	1

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